PTO/SB/82 (01-06)

Approved for use though 1/21/2006, DMR 0651-0025

U.S. Patent and Traverman Officer U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persong are required to respond to a unfection of information unless it desires a useful DMR control humber.

|  | Application Number          | 10/566,307                              |  |  |
|--|-----------------------------|---|--|--|
| REVOCATION OF POWER OF                               | Filing Date                 | January 27, 2006<br>Dean Kernen<br>2125 |  |  |
| ATTORNEY WITH  | First Named Inventor        |   |  |  |
| NEW POWER OF ATTORNEY AND                            | Art Unit                    |   |  |  |
|  | Examiner Name               | Nathan L. Laughlin                      |  |  |
| CHANGE OF CORRESPONDENCE ADDRESS                     | Attorney Docket Number      | 1062/E19                                |  |  |
| I hereby revoke all previous powers of attorney give | n in the above-identified a | DDHCauon,                               |  |  |
| A Power of Attorney is submitted herewith.           |                             |   |  |  |
| OR   |                             |   |  |  |
|  | r                           |   |  |  |

| ✓ I here  | ereby appoint the practitioners associated with the Customer Number: |      |   |       |        |   | 73  | 3544                                    |
|---|--|------|---|-------|--------|---|-----|---|
| ✓       Please change the correspondence address for the above-identified application to:         ✓       The address associated with Customer Number:       73544                                    |  |      |   |       |        |   |     |   |
| OR  |  |      |   |       |        |   |     |   |
| ☐ Firm o  | r<br>iuai Name   |      |   |       |        |   |     | *************************************** |
| Address   |  |      |   |       |        |   |     |   |
| City  |  |      |   | State |        |   | Zip |   |
| Country   |  |      |   |       |        |   |     | ·····                                   |
| Telephone   |  |      | *************************************** | T     | Email  | *************************************** |     | *************************************** |
| I am the:   |  |      |   | I     |        |   |     | *************************************** |
| ☐ App   | ilicant/invent   | for. |   |       |        |   |     |   |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |  |      |   |       |        |   |     |   |
| SIGNATURE of Applicant or Assignee of Record  |  |      |   |       |        |   |     |   |
| Signature   |  |      |   |       |        |   |     |   |
| Name  | Dean Kamen   |      | 7                                       |       |        |   |     |   |
| Date  | 12.00  | 5.07 |   | Tel   | ephone | 603-669-5139                            |     |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |      |   |       |        |   |     |   |

Communication of the Communica

\*Total of \_\_\_

forms are submitted.